



## PART B - FEE(S) TRANSMITTAL

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Dorsey & Whitney LLP  
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Four Embarcadero Center  
San Francisco, CA 94111-4187

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Beverly Dynes (Depositor's name)  
*Beverly Dynes* (Signature)  
August 27, 2003 (Date)

Customer No. 32940

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/028,944	12/21/2001	David A. Horwitz	469443-00004/A-67279-5/RP	4305

TITLE OF INVENTION: USE OF CYTOKINES AND MITOGENS TO INHIBIT PATHOLOGICAL IMMUNE RESPONSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	08/29/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
COE, SUSAN D	1654	424-093710

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB422) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

DORSEY & WHITNEY LLP  
RENEE M. KOSSLAK  
RICHARD F. TRECARTIN

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UNIVERSITY OF SOUTHERN CALIFORNIA

LOS ANGELES, CALIFORNIA USA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies ten

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), to credit any overpayment, to Deposit Account Number 50-2319 (enclose an extra copy of this form).

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(Authorized Signature) *Renee M. Kossak* (Date) 8/27/03

Renee M. Kossak, Reg. #47,717 Aug. 27, 2003

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PTOL-85 (REV. 05-03) Approved for use through 04/30/2004. OMB 0651-0033

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